
State:	District of Columbia	Filing Company:	Jefferson Insurance Company
TOI/Sub-TOI:	09.0 Inland Marine/09.0009 Travel Coverage		
Product Name:	JIC Booking Path Amendment		
Project Name/Number:	JIC Booking Path Amendment /JIC BP AMD PDP 2016		

Filing at a Glance

Company:	Jefferson Insurance Company
Product Name:	JIC Booking Path Amendment
State:	District of Columbia
TOI:	09.0 Inland Marine
Sub-TOI:	09.0009 Travel Coverage
Filing Type:	Form
Date Submitted:	11/10/2016
SERFF Tr Num:	WDAS-130797887
SERFF Status:	Assigned
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Effective Date	04/04/2017
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Requested (Renewal):	
Author(s):	Shari Fryer, Kim Hiar, Felicia Williams
Reviewer(s):	Colin Johnson (primary)
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Effective Date (Renewal):	

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General Information

Project Name: JIC Booking Path Amendment	Status of Filing in Domicile: Pending
Project Number: JIC BP AMD PDP 2016	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/10/2016	
State Status Changed:	Deemer Date:
Created By: Felicia Williams	Submitted By: Felicia Williams
Corresponding Filing Tracking Number: WDAS-130797888	

Filing Description:

This filing is being submitted on behalf of Jefferson Insurance Company ("the Company"). The purpose of this filing is to introduce four new policy forms, a new letter of confirmation and a new optional endorsement that will be used with the Booking Path Travel Insurance Program filing that was approved on 06/11/2013 under SERFF Tracking number WDAS-129031883.

The new policy forms include the addition of three new benefits that will provide reimbursement for the cost to repair or replace real or personal property of a privately owned rental property, damage to sporting equipment, and sporting equipment rental coverage.

The Letter of Confirmation, form number 101-LOC-XX-02-PDP will be used with the policy forms submitted in this filing only. The previously approved Letter of Confirmation, form number 101-LOC-XX-02 12-14 will continue to be used for the remaining products in the Booking Path program.

The Lost Activity Fee Coverage Optional Endorsement, form number 101-OE-XX-15 will provide reimbursement for the value of pre-paid ski lift tickets for each day of travel that the trails are closed due to lack of snow cover or stormy weather or pre-paid golf rounds or green fees when the course is closed or delayed rounds due to weather.

The Statement of Variability, SOV-BOOKING PATH-2014 that was submitted under SERFF Tracking number WDAS-129824587 is being replaced with SOV-BOOKING PATH-08-16.

The Rules and Rates manual that was approved on 03/03/2015 under SERFF Tracking number WDAS-129931260 has been modified to include the addition of the new benefits. The modified pages of the Rules and Rates manual are being submitted concurrently under corresponding SERFF Tracking number WDAS-130797888 for your review.

If approval of this filing is received by January 31, 2017, the requested effective date is April 4, 2017. If approval is received on or after February 1, 2017, the requested effective date is June 6, 2017.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form (including spelling/grammatical errors, color, type face and font). Any alterations will be cosmetic in nature and will not affect the intent or meaning of the filed language. Furthermore, we understand that any changes that do affect the intent or meaning of the filed language will require us to submit a new filing to the state for review.

Please contact me if you have any questions. We appreciate your prompt attention to this filing and look forward to your early approval.

State: District of Columbia **Filing Company:** Jefferson Insurance Company
TOI/Sub-TOI: 09.0 Inland Marine/09.0009 Travel Coverage
Product Name: JIC Booking Path Amendment
Project Name/Number: JIC Booking Path Amendment /JIC BP AMD PDP 2016

Company and Contact

Filing Contact Information

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9950 Mayland Drive 804-281-6755 [Phone]
Richmond, VA 23233

Filing Company Information

(This filing was made by a third party - worldaccess)

Jefferson Insurance Company	CoCode: 11630	State of Domicile: New York
9950 Mayland Drive	Group Code: 761	Company Type: Property and
Richmond, VA 23233	Group Name: ALLIANZ INS GRP	Casualty
(804) 285-3300 ext. [Phone]	FEIN Number: 13-5556470	State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: District of Columbia

TOI/Sub-TOI: 09.0 Inland Marine/09.0009 Travel Coverage

Product Name: JIC Booking Path Amendment

Project Name/Number: JIC Booking Path Amendment /JIC BP AMD PDP 2016

Filing Company:

Jefferson Insurance Company

Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Your Travel Insurance Policy	101-P-XX-02-211		PCF	New		56.100	POL_101-P-XX-02-211_V3_FINAL_11-02-2016.pdf
2		Your Travel Insurance Policy	101-P-XX-02-212		PCF	New		57.400	POL_101-P-XX-02-212_V3_FINAL_11-02-2016.pdf
3		Your Travel Insurance Policy	101-P-XX-02-213		PCF	New		55.800	POL_101-P-XX-02-213_V1_FINAL_11-02-2016.pdf
4		Your Travel Insurance Policy	101-P-XX-02-214		PCF	New		56.800	POL_101-P-XX-02-214_V1_FINAL_11-02-2016.pdf
5		Letter of Confirmation	101-LOC-XX-02-PDP		DEC	New		61.500	LOC_101-LOC-XX-02-PDP_V2_FINAL_11-07-2016.pdf
6		Lost Activity Fee Coverage	101-OE-XX-15		END	New		47.100	OE_101-OE-XX-15_V2_FINAL_08-04-2016.pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

Your Travel Insurance Policy

Thank you for buying a travel insurance **plan** from **us**!

Your plan is described in the following documents:

- This policy, which explains how **our** travel insurance works.
- The *letter of confirmation* that came with **your** package, which tells **you** what coverage **your plan** includes and the limits.
- Any other information **you** receive with **your** package, including riders or other forms.

Please make sure **you** read these documents carefully. This policy may describe coverage **your plan** doesn't include. Make sure **you** review carefully **your letter of confirmation**. Contact **us** immediately if **you** don't receive **your letter of confirmation** or if **you** think there is a mistake.

All dollar amounts in these documents are in US dollars.



We can help!

Our assistance team can help **you** with problems 24 hours a day, almost anywhere in the world.

In the United States, Canada, Puerto Rico
and the U.S. Virgin Islands
All other locations, call collect

[1-800-654-1908]
[1-804-281-5700]

WHAT'S INSIDE

Section 1: Our agreement with you	[4]
Section 2: What this policy includes	[5]
Section 3: What this policy excludes	[7]
Section 4: Who is covered and when	[9]
Section 5: Claims information.....	[10]
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SECTION 1: OUR AGREEMENT WITH YOU

Your travel insurance plan (**your plan**) includes both insurance coverage and assistance services.

Throughout this document:

- **we, us** and **our** mean Jefferson Insurance Company and its agents;
- **Jefferson** means Jefferson Insurance Company;
- **you** and **your** mean the people listed on **your** *letter of confirmation*; and
- all other bolded terms are defined in Section 6, Definitions.

No one has the right to describe this travel insurance any differently than it has been described in this document, or to change or waive any of its provisions.

About this agreement

Please read **your policy** carefully for full details. This is a legal contract. The entire contract consists of the policy, any riders attached to it; and the *letter of confirmation*. **You** have a duty to make all reasonable efforts to minimize any loss.


We have issued the policy and any attached riders based on **your** payment of the premium. The statements **you** made are representations and not warranties. **We** may use this information to void insurance, reduce benefits or defend **our** decision about a claim.

The headings in this policy are for convenience only.

Satisfaction Guarantee

We will refund **your** insurance premium if **you** cancel **your plan** within 10 days of purchase and **you** haven't started **your trip** or filed a claim.

Signed for Jefferson Insurance Company, [9950 Mayland Drive, Richmond, VA 23233]


Mike Nelson, President


Fred Faett, Secretary

SECTION 2: WHAT THIS POLICY INCLUDES

This is a named perils travel insurance policy, which means it covers only the specific situations, events and losses included in this document, and only under the conditions we describe.

The **plan you** purchased may not include all the coverage described here. Make sure **you** check **your letter of confirmation** to confirm **your** coverage and limits.

Your plan also includes assistance services, which are described in *Help while traveling*.

Coverage*	When it applies	Page
	Your covered rental property is damaged	6
Property damage protection	Your covered rental property is damaged	

* Underwritten by Jefferson Insurance Company

How to read Section 2

When it applies	Tells you when you're eligible to make a claim. These situations and events are called covered reasons .
What it covers	Tells you the kinds of things you can be reimbursed for. You'll find out more in Section 5, <i>Claims information</i> .
We can help!	Tells you about related assistance services that are available to you worldwide. You'll find a complete list in <i>Help while traveling</i> .



Important

Be sure to also read Section 3, *What this policy excludes*, as well as Section 4, *Who is covered and when*, for important information on how **your** coverage works. Travel insurance doesn't cover everything. It's designed to protect **you** when there's a sudden, unexpected problem or event.

YOUR COVERED RENTAL PROPERTY IS DAMAGED

Property damage protection coverage

When it applies	<p>Your covered rental property is damaged during your stay.</p> <p>Specific requirements (all must apply)</p> <ul style="list-style-type: none">You take reasonable measures to protect the covered rental property and prevent further damage; andYou report the loss or damage in writing to the realtor or property manager prior to checking out and vacating the covered rental property.
What it covers	<p>Please refer to your letter of confirmation to confirm your coverage and limits in your plan including any deductible that may apply to your plan.</p> <p><i>Repair or replacement (whichever is less)</i></p> <p>The cost to repair or replace the damaged items, less any applicable deductible, including any necessary materials and labor. You can't claim loss of use.</p>

SECTION 3: WHAT THIS POLICY EXCLUDES

GENERAL EXCLUSIONS

You aren't covered for any loss that results directly or indirectly from any of the following general exclusions.

The following things if they affect **you**, a **traveling companion** or a **family member**, whether the **family member** is traveling with **you** or not:

- **existing medical conditions** (unless **you** have existing medical condition coverage in Section 2);
- intentional self-harm or attempting or committing suicide (only applies to **you**);
- pregnancy, (unless specifically included in Section 2), unless there are unforeseen complications or problems with the pregnancy;
- fertility treatments, childbirth or elective abortion;
- a mental or nervous health disorder (like anxiety, depression, neurosis, psychosis and others), or any related physical complications (physical complication means any physical symptom); or
- the use or abuse of alcohol or drugs, or any related physical complications (physical complication means any physical symptom).

The following activities if **you**, a **traveling companion** or a **family member** participates in them, whether the **family member** is traveling with **you** or not:

- flying or learning to fly an aircraft as a pilot or crew member;
- participating in or training for any professional or amateur sporting competition; or
- participating in extreme, high-risk sports like:
 - skydiving, hang gliding or parachuting;
 - bungee jumping;
 - caving;
 - extreme skiing, heli-skiing or skiing outside marked trails;
 - body contact sports (meaning any sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate);
 - mountain climbing or any other high altitude activities; or
 - scuba diving below 120 feet (40 meters) or without a dive master.

The following events:

- any problem or event that could have reasonably been foreseen or expected when **you** purchased **your plan**;
- an **epidemic or pandemic**;
- **natural disasters** like hurricanes, earthquakes, fires and floods (unless specifically included in Section 2);
- air, water or other pollution, or the threat of a pollutant release;
- nuclear reaction, radiation or radioactive contamination;
- war (declared or undeclared), acts of war, military duty, civil disorder or unrest (unless specifically included in Section 2);
- **terrorist events** (unless specifically included in Section 2);

- **financial default** (unless specifically included in Section 2); or
- **unlawful acts**.

You aren't eligible for reimbursement under any coverage if:

- **your common carrier** tickets don't show departure and return dates; or
- the stated **trip** departure and return dates don't represent when **you** actually intended to travel.

SPECIFIC EXCLUSIONS

You aren't covered for any loss that results directly or indirectly from any of the following specific exclusions unless they're included in Section 2, *What this policy includes*.

Property damage protection coverage

- intentional damage to **covered rental property**;
- gross negligence;
- loss or theft of any **covered rental property**;
- normal wear and tear;
- loss or damage due to inclement weather or **natural disaster**;
- loss or damage that occurs while **you** or a **traveling companion** is in violation of the rental/lease agreement;
- any loss or damage not reported in writing to the property owner, realtor or property manager of the **covered rental property** before **you** vacate the **covered rental property**;
- loss, theft or damage of **your** or a **traveling companion's** personal property; and
- loss, theft or damage of **covered rental property** caused by anyone other than **you**, a **traveling companion**, or a person staying at the **covered rental property**.

SECTION 4: WHO IS COVERED AND WHEN

WHO IS COVERED BY YOUR PLAN

Your **plan** covers the people listed on **your** *letter of confirmation*.

WHEN YOUR COVERAGE BEGINS AND ENDS

You're only eligible for coverage if **we** accept **your** request for insurance.

Your **plan's** effective date depends on how **you** purchased it.

if you purchased	it's effective:
over the phone	the day after you place your telephone order.
online	the day after we receive your online order.

Coverage begins on **your** **scheduled departure date**, as long as **we've** received **your** payment. **Your** departure and return dates are counted as two separate days of travel when **we** calculate the duration of **your** **trip**.

Your coverage ends on the earliest of:

- the day **you're** scheduled to return;
- the day **you** actually return, if **you** come back earlier;
- the day and time **you** cancel **your** **covered rental property** reservation; or
- the [180th] day of the **trip**.

If **your** return travel is delayed for a **covered reason**, **we'll** extend **your** coverage until **you** can get home.

Your **plan** can't be renewed.

SECTION 5: CLAIMS INFORMATION

HOW TO MAKE A CLAIM

Making a claim is easy – just visit [**Allianz travel claims URL**], email or call **us** and **we'll** be happy to help.

Go online to:

- find out what forms and documentation **you** need.
- download a claims form and mail it in.
- file a claim electronically and track its progress.

Email or call to:

- find out what forms and documentation **you** need.
- file a claim and check its progress.

Claims inquiry:

- **Website:** [**Allianz travel insurance claims URL**]
- **Email:** [email address]
- **Telephone:** [1-800-334-7525]

IMPORTANT INFORMATION ABOUT CLAIMS

You have 90 days from the date of **your** loss to submit **your** claim to **us**, except as otherwise provided by law.

Proof of Loss

You are responsible for providing all necessary documentation to prove **your** loss.

Assignment

You can assign **your** rights under **your** **plan** by notifying **us** in writing.

About beneficiaries

All benefits will be paid to **your** estate.

Duplicate coverage

If **you're** covered by another certificate or policy that **we've** issued with the same or similar coverage, **we'll** use the terms and conditions of the certificate or policy that pays the most. **We'll** also refund any premium **you've** paid for duplicate coverage.

Medical examinations and autopsy

We have the right to have **you** medically examined as reasonably necessary to make a decision about **your** medical claim. If someone covered by **your** **plan** dies, **we** may also require an autopsy (except where prohibited by law). **We** will cover the cost of these medical examinations or autopsies.

Recovery

We have the right to recover any amount **you** receive that exceeds the total amount of **your** loss.

Subrogation

When someone is responsible for **your** loss, **we** have the right to recover any payments **we've** made to **you** or someone else in relation to **your** claim, as permitted by law. Everyone eligible to receive payment for a claim submitted to **us** must cooperate with this process, and must refrain from doing anything that would adversely affect **our** rights or the rights of **Jefferson** to recover payment.

About fraud

Fraud is illegal. **We** will deny **your** claim if:

- what **you** told **us** is deliberately misleading or inaccurate; or
- **you** intentionally file a claim that includes false information or deliberately conceals material facts. This may be a crime subject to criminal prosecution and civil penalties, and **you** may be liable for the stated value of the claim.

Resolving disputes

If **you** disagree with **our** decision about a claim, **you** can request to go to arbitration through the American Arbitration Association. If **we** agree, **you** can submit a dispute to desk arbitration, as long as:

- **you** submit it at least 60 days, but no more than three years, after **you've** filed **your** entire claim with **us**; and
- it complies with the American Arbitration Association's rules at the time **you** submit it.



Important

This is a named perils travel insurance policy, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

We'll only pay for reasonable, appropriate expenses that are covered by the **plan** **you** purchased. Please check **your** *letter of confirmation* to confirm **your** coverage and limits in **your** plan.

SECTION 6: DEFINITIONS

Accident	An unexpected and unintended event that causes injury , property damage or both.
Assault	Physical assault that requires treatment in a hospital .
Common carrier	A company that's licensed to carry passengers on land, water or in the air for a fee, not including car rental companies.
Covered reasons	The specific situations and events that are covered by this policy.
Covered rental property	<p>The real and personal property for which you have paid a fee to the property owner, realtor or property manager for temporary accommodations and use. Personal property includes the contents that belong to, or are rented by, the property owner, realtor or property manager for your use during your stay.</p> <p>The covered rental property must be owned by someone other than you, a family member, traveling companion or traveling companion's family member.</p>
Deductible	The dollar amount you must contribute to the loss.
Doctor	Someone who is legally entitled to practice medicine, and is licensed if required. This can't be you , a traveling companion , any member of either of your immediate families , or any member of the sick or injured person's immediate family .
Domestic partner	A person you've lived with in a spousal relationship for at least 12 consecutive months who is 18 years or older. You must be able to show evidence that you've lived together for 12 consecutive months.
Epidemic	An outbreak of a contagious disease that spreads rapidly and widely and that is identified as an epidemic by The Centers for Disease Control and Prevention (CDC).
Existing medical condition	<p>An illness or injury that you, a traveling companion or family member were seeking or receiving treatment for or had symptoms of on the day you purchased your plan, or at any time in the 120 days before you purchased it.</p> <p>You, a traveling companion or family member are considered to have an existing medical condition if you, a traveling companion or family member:</p> <ul style="list-style-type: none">• saw or were advised to see a doctor;• had symptoms that would cause a prudent person to see a doctor; or• were taking prescribed medication for the condition or the symptoms, unless the condition or symptoms are effectively controlled by the prescription, and the prescription hasn't changed.

Family member	<p>Any of the following people, whether or not they're traveling with you:</p> <ul style="list-style-type: none"> • spouses and common-law, civil union and domestic partners; • parents and step-parents; • children and step-children (including adopted or soon to be adopted children); • siblings; • grandparents and grandchildren; • the following in-laws: mother, father, son, daughter, brother, sister; • aunts, uncles, nieces and nephews; • legal guardians and wards; • business partners; • paid, live-in caregivers; and • service animals (as defined by the Americans with Disabilities Act). <p>Immediate family members are:</p> <ul style="list-style-type: none"> • spouses and common-law, civil union and domestic partners; • parents and step-parents; • children and step-children (including adopted or soon to be adopted children); • siblings; and • grandparents and grandchildren. 	Scheduled departure date	The day and time you listed on your <i>letter of confirmation</i> or other form as the day and time you plan to start your trip . You have paid for travel that starts on this date.
		Terrorist event	When an organized terrorist group, as defined by the U.S. State Department, injures or kills people or damages property to achieve a political, ethnic or religious goal or result. Terrorist events don't include general civil protest, unrest, rioting or acts of war.
		Traveling companion	A person traveling with you whose name appears with yours on the same trip arrangement and who will accompany you on your trip . A group or tour leader is not considered a traveling companion unless you are sharing the same room with the group or tour leader.
		Trip	Round-trip or one-way travel to and from a place at least [100] miles from your home. It can't include travel to receive health care or medical treatment of any kind, or commuting to and from work.
		Unlawful acts	Felonies committed by you , a traveling companion or a family member , even if the family member isn't covered by your plan .
Financial default	A complete cessation of operations because of financial circumstances, with or without filing for bankruptcy protection.		
Hospital	<p>A facility whose primary function is to diagnose and treat sick and injured people under the supervision of doctors. It must:</p> <ul style="list-style-type: none"> • have organized departments of medicine and major surgery, on site or off site through a pre-arranged contract provide 24 hour nursing service supervised or provided by registered nurses; • be compensated by patients or their insurance providers for performing these services; and • be licensed where required. 		
Illness	Sickness, infirmity or disease. It doesn't include conditions you already had or knew about when you purchased your plan (see existing medical condition).		
Injury	Physical harm directly caused by an accident or assault , without other contributing causes.		
Natural disaster	A large-scale extreme weather or environmental event that damages property, disrupts transportation or endangers people. Examples include: earthquake, fire, flood, hurricane, or volcanic eruption.		
Pandemic	An epidemic over a wide geographic area that affects a large portion of the population.		

101-P-XX-02-211

Your Travel Insurance Policy

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WHAT'S INSIDE

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SECTION 1: OUR AGREEMENT WITH YOU

Your travel insurance plan (**your plan**) includes both insurance coverage and assistance services.

Throughout this document:

- **we, us** and **our** mean Jefferson Insurance Company and its agents;
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Please read **your policy** carefully for full details. This is a legal contract. The entire contract consists of the policy, any riders attached to it; and the *letter of confirmation*. **You** have a duty to make all reasonable efforts to minimize any loss.


We have issued the policy and any attached riders based on **your** payment of the premium. The statements **you** made are representations and not warranties. **We** may use this information to void insurance, reduce benefits or defend **our** decision about a claim.

The headings in this policy are for convenience only.

Satisfaction Guarantee

We will refund **your** insurance premium if **you** cancel **your plan** within 10 days of purchase and **you** haven't started **your trip** or filed a claim.

Signed for Jefferson Insurance Company, [9950 Mayland Drive, Richmond, VA 23233]


Mike Nelson, President


Fred Faett, Secretary

SECTION 2: WHAT THIS POLICY INCLUDES

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The **plan you** purchased may not include all the coverage described here. Make sure **you** check **your letter of confirmation** to confirm **your** coverage and limits.

Your plan also includes assistance services, which are described in *Help while traveling*.

Coverage*	When it applies	Page
	Your covered rental property is damaged	6
Property damage protection	Your covered rental property is damaged	
	Your travel is delayed	6
Travel delay	Your travel is delayed [12] hours or more	
	Your baggage is delayed	8
Delayed baggage	Your baggage is delayed by a common carrier	
	Other coverage	8
Sporting equipment	Your sporting equipment is damaged	
Sporting equipment rental	You need to rent sporting equipment because yours is damaged	

* Underwritten by Jefferson Insurance Company

How to read Section 2

When it applies Tells **you** when **you're** eligible to make a claim. These situations and events are called **covered reasons**.

What it covers Tells **you** the kinds of things **you** can be reimbursed for. **You'll** find out more in Section 5, *Claims information*.

We can help! Tells **you** about related assistance services that are available to **you** worldwide. **You'll** find a complete list in *Help while traveling*.



Important

Be sure to also read Section 3, *What this policy excludes*, as well as Section 4, *Who is covered and when*, for important information on how **your** coverage works. Travel insurance doesn't cover everything. It's designed to protect **you** when there's a sudden, unexpected problem or event.

YOUR COVERED RENTAL PROPERTY IS DAMAGED

Property damage protection coverage

When it applies Your covered rental property is damaged during **your** stay.

Specific requirements (all must apply)

- **You** take reasonable measures to protect the **covered rental property** and prevent further damage; and
- **You** report the loss or damage in writing to the realtor or property manager prior to checking out and vacating the **covered rental property**.

What it covers Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan** including any **deductible** that may apply to **your plan**.

Repair or replacement (whichever is less)

The cost to repair or replace the damaged items, less any applicable **deductible**, including any necessary materials and labor. **You** can't claim loss of use.

YOU'RE DELAYED



Important

You need to make reasonable efforts to continue **your trip** if **you're** delayed or **you** miss **your** flight. The coverage described here can help. Any **refunds you** receive from **your travel suppliers** will be deducted from **your** claim.



We can help!

Need help rebooking **your** flight or arranging for alternative transportation? See *Help while traveling*, for a complete list of ways **we** can help.

Travel delay coverage

When it applies Your travel is delayed for [12] or more consecutive hours for one of the following **covered reasons**:

Strike or common carrier delay

- Your departure is delayed by a **common carrier**.
- Your departure is delayed by an unannounced strike.

Quarantine

- You are **quarantined**.

Natural disaster or severe weather

- There's a **natural disaster**.
- **Severe weather** delays your departing flight or causes road closures.

Politics, violence or theft

- Your passports, money or other travel documents are lost or stolen.
- Your travel is delayed by a hijacking.
- Your travel is delayed by civil disorder or unrest.

What it covers Please refer to your *letter of confirmation* to confirm your coverage and limits in your plan.

Prepaid expenses

The unused part of your prepaid expenses, less any refunds you receive.

and

Meals, accommodation and transportation

- Reasonable expenses for additional meals and accommodation while you're delayed.
- Reasonable additional transportation expenses.

Special limit:

- Maximum of [\$200] per person per day, up to the limit shown on your *letter of confirmation*.

Benefits are payable under travel delay coverage or missed connection coverage, not both.

YOUR BAGGAGE IS DELAYED



Important

Any refunds you receive will be deducted from your claim.



We can help!

Need help contacting local authorities or getting emergency cash from home? See *Help while traveling*, for a complete list of ways we can help.

Delayed baggage coverage

When it applies A common carrier, hotel or tour operator delays your baggage for [24] hours or more.

Specific requirement:

- You report the loss and file a claim with the **common carrier**, hotel or tour operator.

What it covers Please refer to your *letter of confirmation* to confirm your coverage and limits in your plan.

Reasonable essential items

- Reasonable essential items for you to use until your baggage arrives.

OTHER COVERAGE



Important

Please check your *letter of confirmation* to confirm your coverage and limits.

Sporting equipment coverage

When it applies Your sporting equipment is:

- lost by a **common carrier**; or
- damaged or stolen while you're traveling.

Specific requirements: (all must apply)

- **You** take reasonable steps to keep **your** equipment safe and intact, and to recover it.
- **You** file a report giving a description of the property and its value with the appropriate local authorities or **common carrier** within 24 hours of the loss.

What it covers

Please refer to **your** *letter of confirmation* to confirm **your** coverage and limits in **your plan**.

Repair or reimbursement (whichever is less)

- the cost to repair a damaged item, or
- a portion of the original cost, based on the age of the item:

12 months old or less	90%
13-24 months old	50%
25-48 months old	25%
More than 48 months old	no benefit

Sporting equipment rental coverage

When it applies

You have to rent sporting equipment because **yours** is:

- lost or delayed by a **common carrier** for 12 hours or more on **your** outbound trip;
- damaged by a **common carrier** on **your** outbound trip; or
- stolen during **your** trip.

Specific requirement:

- **You** file a report giving a description of the property and its value with the local authorities or **common carrier** within 24 hours of the loss.

What it covers

Please refer to **your** *letter of confirmation* to confirm **your** coverage and limits in **your plan**.

Rental costs

- Reasonable costs for renting replacement equipment to use during **your** trip.

Special limit:

- Maximum of [\$150] per person per day, up to the limit shown on **your** *letter of confirmation*.

SECTION 3: WHAT THIS POLICY EXCLUDES

GENERAL EXCLUSIONS

You aren't covered for any loss that results directly or indirectly from any of the following general exclusions.

The following things if they affect **you**, a **traveling companion** or a **family member**, whether the **family member** is traveling with **you** or not:

- **existing medical conditions** (unless **you** have existing medical condition coverage in Section 2);
- intentional self-harm or attempting or committing suicide (only applies to **you**);
- pregnancy, (unless specifically included in Section 2), unless there are unforeseen complications or problems with the pregnancy;
- fertility treatments, childbirth or elective abortion;
- a mental or nervous health disorder (like anxiety, depression, neurosis, psychosis and others), or any related physical complications (physical complication means any physical symptom); or
- the use or abuse of alcohol or drugs, or any related physical complications (physical complication means any physical symptom).

The following activities if **you**, a **traveling companion** or a **family member** participates in them, whether the **family member** is traveling with **you** or not:

- flying or learning to fly an aircraft as a pilot or crew member;
- participating in or training for any professional or amateur sporting competition; or
- participating in extreme, high-risk sports like:
 - skydiving, hang gliding or parachuting;
 - bungee jumping;
 - caving;
 - extreme skiing, heli-skiing or skiing outside marked trails;
 - body contact sports (meaning any sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate);
 - mountain climbing or any other high altitude activities; or
 - scuba diving below 120 feet (40 meters) or without a dive master.

The following events:

- any problem or event that could have reasonably been foreseen or expected when **you** purchased **your plan**;
- an **epidemic** or **pandemic**;
- **natural disasters** like hurricanes, earthquakes, fires and floods (unless specifically included in Section 2);
- air, water or other pollution, or the threat of a pollutant release;
- nuclear reaction, radiation or radioactive contamination;
- war (declared or undeclared), acts of war, military duty, civil disorder or unrest (unless specifically included in Section 2);

- **terrorist events** (unless specifically included in Section 2);
- **financial default** (unless specifically included in Section 2); or
- **unlawful acts**.

You aren't eligible for reimbursement under any coverage if:

- **your common carrier** tickets don't show departure and return dates; or
- the stated **trip** departure and return dates don't represent when **you** actually intended to travel.

SPECIFIC EXCLUSIONS

You aren't covered for any loss that results directly or indirectly from any of the following specific exclusions unless they're included in Section 2, *What this policy includes*.

Property damage protection coverage

- intentional damage to **covered rental property**;
- gross negligence;
- loss or theft of any **covered rental property**;
- normal wear and tear;
- loss or damage due to inclement weather or **natural disaster**;
- loss or damage that occurs while **you** or a **traveling companion** is in violation of the rental/lease agreement;
- any loss or damage not reported in writing to the property owner, realtor or property manager of the **covered rental property** before **you** vacate the **covered rental property**;
- loss, theft or damage of **your** or a **traveling companion's** personal property; and
- loss, theft or damage of **covered rental property** caused by anyone other than **you**, a **traveling companion**, or a person staying at the **covered rental property**.

Sporting equipment coverage

- intentional damage to equipment;
- defective materials or workmanship; or
- normal wear and tear.

Also doesn't cover equipment when it is:

- shipped as freight;
- sent before **your** departure date; or
- left in or on a car or car trailer.

SECTION 4: WHO IS COVERED AND WHEN

WHO IS COVERED BY YOUR PLAN

Your plan covers the people listed on **your** *letter of confirmation*.

WHEN YOUR COVERAGE BEGINS AND ENDS

You're only eligible for coverage if **we** accept **your** request for insurance.

Your plan's effective date depends on how **you** purchased it.

if you purchased	it's effective:
over the phone	the day after you place your telephone order.
online	the day after we receive your online order.

Coverage begins on **your scheduled departure date**, as long as **we've** received **your** payment. **Your** departure and return dates are counted as two separate days of travel when **we** calculate the duration of **your trip**.

Your coverage ends on the earliest of:

- the day **you're** scheduled to return;
- the day **you** actually return, if **you** come back earlier;
- the day and time **you** cancel **your covered rental property** reservation; or
- the [180th] day of the **trip**.

If **your** return travel is delayed for a **covered reason**, **we'll** extend **your** coverage until **you** can get home.

Your plan can't be renewed.

SECTION 5: CLAIMS INFORMATION

HOW TO MAKE A CLAIM

Making a claim is easy – just visit [Allianz travel claims URL], email or call us and we'll be happy to help.

Go online to:

- find out what forms and documentation **you** need.
- download a claims form and mail it in.
- file a claim electronically and track its progress.

Email or call to:

- find out what forms and documentation **you** need.
- file a claim and check its progress.

Claims inquiry:

- **Website:** [Allianz travel insurance claims URL]
- **Email:** [email address]
- **Telephone:** [1-800-334-7525]

IMPORTANT INFORMATION ABOUT CLAIMS

You have 90 days from the date of **your** loss to submit **your** claim to **us**, except as otherwise provided by law.

Proof of Loss

You are responsible for providing all necessary documentation to prove **your** loss.

Assignment

You can assign **your** rights under **your plan** by notifying **us** in writing.

About beneficiaries

All benefits will be paid to **your** estate.

Duplicate coverage

If **you're** covered by another certificate or policy that **we've** issued with the same or similar coverage, **we'll** use the terms and conditions of the certificate or policy that pays the most. **We'll** also refund any premium **you've** paid for duplicate coverage.

Medical examinations and autopsy

We have the right to have **you** medically examined as reasonably necessary to make a decision about **your** medical claim. If someone covered by **your plan** dies, **we** may also require an autopsy (except where prohibited by law). **We** will cover the cost of these medical examinations or autopsies.

Recovery

We have the right to recover any amount **you** receive that exceeds the total amount of **your** loss.

Subrogation

When someone is responsible for **your** loss, **we** have the right to recover any payments **we've** made to **you** or someone else in relation to **your** claim, as permitted by law. Everyone eligible to receive payment for a claim submitted to **us** must cooperate with this process, and must refrain from doing anything that would adversely affect **our** rights or the rights of **Jefferson** to recover payment.

About fraud

Fraud is illegal. **We** will deny **your** claim if:

- what **you** told **us** is deliberately misleading or inaccurate; or
- **you** intentionally file a claim that includes false information or deliberately conceals material facts. This may be a crime subject to criminal prosecution and civil penalties, and **you** may be liable for the stated value of the claim.

Resolving disputes

If **you** disagree with **our** decision about a claim, **you** can request to go to arbitration through the American Arbitration Association. If **we** agree, **you** can submit a dispute to desk arbitration, as long as:

- **you** submit it at least 60 days, but no more than three years, after **you've** filed **your** entire claim with **us**; and
- it complies with the American Arbitration Association's rules at the time **you** submit it.



Important

This is a named perils travel insurance policy, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

We'll only pay for reasonable, appropriate expenses that are covered by the **plan** **you** purchased. Please check **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

SECTION 6: DEFINITIONS

Accident	An unexpected and unintended event that causes injury , property damage or both.
Accommodation	A hotel or other kind of lodging where you make a reservation and pay a fee.
Assault	Physical assault that requires treatment in a hospital .
Baggage	Personal property you take on your trip and the suitcases or other kinds of containers you use to carry them.
Common carrier	A company that's licensed to carry passengers on land, water or in the air for a fee, not including car rental companies.
Covered reasons	The specific situations and events that are covered by this policy.
Covered rental property	<p>The real and personal property for which you have paid a fee to the property owner, realtor or property manager for temporary accommodations and use. Personal property includes the contents that belong to, or are rented by, the property owner, realtor or property manager for your use during your stay.</p> <p>The covered rental property must be owned by someone other than you, a family member, traveling companion or traveling companion's family member.</p>
Deductible	The dollar amount you must contribute to the loss.
Dentist	Someone who is licensed and legally entitled to practice dentistry or dental surgery. This can't be you , a traveling companion , any member of either of your immediate families , or any member of the sick or injured person's immediate family .
Doctor	Someone who is legally entitled to practice medicine, and is licensed if required. This can't be you , a traveling companion , any member of either of your immediate families , or any member of the sick or injured person's immediate family .
Domestic partner	A person you've lived with in a spousal relationship for at least 12 consecutive months who is 18 years or older. You must be able to show evidence that you've lived together for 12 consecutive months.
Epidemic	An outbreak of a contagious disease that spreads rapidly and widely and that is identified as an epidemic by The Centers for Disease Control and Prevention (CDC).
Existing medical condition	An illness or injury that you , a traveling companion or family member were seeking or receiving treatment for or had symptoms of on the day you purchased your plan , or at any time in the 120 days before you purchased it.

You, a **traveling companion** or **family member** are considered to have an **existing medical condition** if **you**, a **traveling companion** or **family member**:

- saw or were advised to see a **doctor**;
- had symptoms that would cause a prudent person to see a **doctor**; or
- were taking prescribed medication for the condition or the symptoms, unless the condition or symptoms are effectively controlled by the prescription, and the prescription hasn't changed.

Family member

Any of the following people, whether or not they're traveling with **you**:

- spouses and common-law, civil union and **domestic partners**;
- parents and step-parents;
- children and step-children (including adopted or soon to be adopted children);
- siblings;
- grandparents and grandchildren;
- the following in-laws: mother, father, son, daughter, brother, sister;
- aunts, uncles, nieces and nephews;
- legal guardians and wards;
- business partners;
- paid, live-in caregivers; and
- service animals (as defined by the Americans with Disabilities Act).

Immediate family members are:

- spouses and common-law, civil union and **domestic partners**;
- parents and step-parents;
- children and step-children (including adopted or soon to be adopted children);
- siblings; and
- grandparents and grandchildren.

Financial default

A complete cessation of operations because of financial circumstances, with or without filing for bankruptcy protection.

Hospital

A facility whose primary function is to diagnose and treat sick and injured people under the supervision of **doctors**. It must:

- have organized departments of medicine and major surgery, on site or off site through a pre-arranged contract provide 24 hour nursing service supervised or provided by registered nurses;
- be compensated by patients or their insurance providers for performing these services; and
- be licensed where required.

Illness

Sickness, infirmity or disease. It doesn't include conditions **you** already had or knew about when **you** purchased **your plan** (see **existing medical condition**).

Injury	Physical harm directly caused by an accident or assault , without other contributing causes.
Medically necessary	Treatment that's appropriate for your illness or injury , consistent with your symptoms, and that can safely be provided to you . It meets the standards of good medical practice and isn't for your convenience or the provider's convenience.
Natural disaster	A large-scale extreme weather or environmental event that damages property, disrupts transportation or endangers people. Examples include: earthquake, fire, flood, hurricane, or volcanic eruption.
Other licensed provider	A person or entity that isn't a doctor or hospital , but provides medical or dental services, and is licensed where required.
Outpatient	Someone who receives medical or dental treatment, but doesn't have to stay at a hospital for overnight care.
Pandemic	An epidemic over a wide geographic area that affects a large portion of the population.
Quarantine	Mandatory isolation or restrictions on where you can go, intended to stop a contagious disease from spreading.
Reasonable and customary costs	What customers would usually be charged for a specific service in a particular geographic area. The charges are appropriate to the availability of the service, and of skilled and licensed service providers.
Refund	Cash or a credit or voucher for future travel that you get from a travel agent, tour operator, airline, cruise line or other travel supplier , or any credit, recovery or reimbursement you get from your employer, another insurance company, a credit card issuer or any other entity.
Scheduled departure date	The day and time you listed on your letter of confirmation or other form as the day and time you plan to start your trip . You have paid for travel that starts on this date.
Severe weather	Hazardous weather conditions, like fog, a hailstorm or severe rainstorm, a blizzard, or an ice storm.
Terrorist event	When an organized terrorist group, as defined by the U.S. State Department, injures or kills people or damages property to achieve a political, ethnic or religious goal or result. Terrorist events don't include general civil protest, unrest, rioting or acts of war.
Travel supplier	A travel agent, tour operator, airline, cruise line or other travel service provider.
Traveling companion	A person traveling with you whose name appears with yours on the same trip arrangement and who will accompany you on your trip . A group or tour leader is not considered a traveling companion unless you are sharing the same room with the group or tour leader.

Trip	Round-trip or one-way travel to and from a place at least [100] miles from your home. It can't include travel to receive health care or medical treatment of any kind, or commuting to and from work.
Unlawful acts	Felonies committed by you , a traveling companion or a family member , even if the family member isn't covered by your plan .

Your Travel Insurance Policy

Thank you for buying a travel insurance **plan** from **us**!

Your plan is described in the following documents:

- This policy, which explains how **our** travel insurance works.
- The *letter of confirmation* that came with **your** package, which tells **you** what coverage **your plan** includes and the limits.
- Any other information **you** receive with **your** package, including riders or other forms.

Please make sure **you** read these documents carefully. This policy may describe coverage **your plan** doesn't include. Make sure **you** review carefully **your letter of confirmation**. Contact **us** immediately if **you** don't receive **your letter of confirmation** or if **you** think there is a mistake.

All dollar amounts in these documents are in US dollars.



We can help!

Our assistance team can help **you** with problems 24 hours a day, almost anywhere in the world.

In the United States, Canada, Puerto Rico
and the U.S. Virgin Islands
All other locations, call collect

[1-800-654-1908]
[1-804-281-5700]

WHAT'S INSIDE

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SECTION 1: OUR AGREEMENT WITH YOU

Your travel insurance plan (**your plan**) includes both insurance coverage and assistance services.

Throughout this document:

- **we, us** and **our** mean Jefferson Insurance Company and its agents;
- **Jefferson** means Jefferson Insurance Company;
- **you** and **your** mean the people listed on **your** *letter of confirmation*; and
- all other bolded terms are defined in Section 6, Definitions.

No one has the right to describe this travel insurance any differently than it has been described in this document, or to change or waive any of its provisions.

About this agreement

Please read **your policy** carefully for full details. This is a legal contract. The entire contract consists of the policy, any riders attached to it; and the *letter of confirmation*. **You** have a duty to make all reasonable efforts to minimize any loss.


We have issued the policy and any attached riders based on **your** payment of the premium. The statements **you** made are representations and not warranties. **We** may use this information to void insurance, reduce benefits or defend **our** decision about a claim.

The headings in this policy are for convenience only.

Satisfaction Guarantee

We will refund **your** insurance premium if **you** cancel **your plan** within 10 days of purchase and **you** haven't started **your trip** or filed a claim.

Signed for Jefferson Insurance Company, [9950 Mayland Drive, Richmond, VA 23233]


Mike Nelson, President


Fred Faett, Secretary

SECTION 2: WHAT THIS POLICY INCLUDES

This is a named perils travel insurance policy, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

The **plan you** purchased may not include all the coverage described here. Make sure **you** check **your letter of confirmation** to confirm **your** coverage and limits.

Your plan also includes assistance services, which are described in *Help while traveling*.

Coverage*	When it applies	Page
	Your trip is canceled	6
Trip cancellation	Your trip is canceled before you get started	
	Your covered rental property is damaged	8
Property damage protection	Your covered rental property is damaged	
	Other coverage	9
Existing medical condition	You have an existing medical condition	

* Underwritten by Jefferson Insurance Company

How to read Section 2

When it applies	Tells you when you're eligible to make a claim. These situations and events are called covered reasons .
What it covers	Tells you the kinds of things you can be reimbursed for. You'll find out more in Section 5, <i>Claims information</i> .
We can help!	Tells you about related assistance services that are available to you worldwide. You'll find a complete list in <i>Help while traveling</i> .



Important

Be sure to also read Section 3, *What this policy excludes*, as well as Section 4, *Who is covered and when*, for important information on how **your** coverage works.

Travel insurance doesn't cover everything. It's designed to protect **you** when there's a sudden, unexpected problem or event.

YOUR TRIP IS CANCELED



Important

You need to contact **your travel suppliers** within 72 hours of canceling **your trip** to qualify for the largest reimbursement possible. If **you** notify **your** suppliers later and get a smaller **refund**, **we** will not cover the difference. If **you're** seriously ill or injured, contact **your travel suppliers** as soon as **you** can.



We can help!

Need help sending an emergency message or getting flight information? See *Help while traveling*, for a complete list of ways **we** can help.

Trip cancellation coverage

When it applies **Your trip** is canceled before **you** get started for one of the following covered reasons:

Health

Injury, illness or medical condition

You or a **traveling companion** is seriously ill or injured.

Specific requirements:

- The **injury, illness or medical condition** must be disabling enough to make a reasonable person cancel their **trip**.
- A **doctor** must examine **you** or a **traveling companion** and advise **you** or a **traveling companion** to cancel **your trip** before **you** cancel it. If that isn't possible, a **doctor** must examine **you** within 72 hours of **your** cancellation.

A **family member** who isn't traveling with **you** is seriously ill or injured.

Specific requirement:

- The **injury, illness or medical condition** must be considered life threatening, require hospitalization, or he or she must require **your** care.

Death

You, a **traveling companion** or **family member** dies.

Specific requirement:

- A **traveling companion's** or **family member's** death must occur before or during **your trip**.

Quarantine

You or a traveling companion is quarantined.

Transportation and accommodation

Traffic accident

You or a traveling companion is in a traffic accident on the way to your point of departure, and:

- you or the traveling companion need medical attention; or
- the car needs to be repaired because it's not safe to drive.

Legal

Jury duty or court-ordered appearance

You're summoned by a court order or subpoena to serve on a jury or appear in court.

Environment

Home uninhabitable

Your primary residence is uninhabitable because of a natural disaster, fire, flood, burglary or vandalism.

Destination uninhabitable

Your destination is uninhabitable because of a natural disaster, fire, flood, burglary or vandalism.

Canceled services

Your airline, cruise line, tour operator, or travel supplier stops offering all services for at least [24] consecutive hours where you're departing, arriving or making a connection because of:

- a natural disaster;
- severe weather; or
- a strike.

Specific requirement:

- Your travel supplier doesn't offer you a substitute itinerary.
- The striking workers aren't employed by the supplier you purchased your plan or travel services from, or an affiliate of that supplier.

Politics and violence

Hijacking

You or a traveling companion is hijacked.

Terrorism

A terrorist event happens at your U.S. or foreign destination within [30] days of the day you're scheduled to arrive.

Specific requirement:

- For locations outside the United States, you're not covered if there's been a terrorist event at your destination in the [30 days] before your plan's effective date.

Work

Termination or layoff

You or a traveling companion is terminated or laid off from a company after your plan's effective date.

Specific requirements: (all must apply)

- The termination or layoff isn't your fault; and
- You worked for this employer for at least [three continuous years].

Military Duty in the U.S. Armed Forces

You or a traveling companion, serving in the U.S. Armed Forces, is reassigned, or have personal leave revoked, except because of war, the War Powers Act, base or unit mobilization, unit reassignment or disciplinary action.

What it covers

Please refer to your letter of confirmation to confirm your coverage and limits in your plan.

Non-refundable payments and deposits

Payments and deposits you made before your trip was canceled, less any published refunds you're entitled to receive.

Accommodation

The extra cost of single accommodation if you prepaid for shared accommodation and a traveling companion canceled their trip for a covered reason.

YOUR COVERED RENTAL PROPERTY IS DAMAGED

Property damage protection coverage

When it applies

Your covered rental property is damaged during your stay.

Specific requirements (all must apply)

- You take reasonable measures to protect the covered rental property and prevent further damage; and
- You report the loss or damage in writing to the realtor or property manager prior to checking out and vacating the covered rental property.

What it covers

Please refer to your letter of confirmation to confirm your coverage and limits in your plan including any deductible that may apply to your plan.

Repair or replacement (whichever is less)

The cost to repair or replace the damaged items, less any applicable **deductible**, including any necessary materials and labor. **You** can't claim loss of use.

OTHER COVERAGE



Important

Please check **your** *letter of confirmation* to confirm **your** coverage and limits.

Existing medical condition coverage

If **your plan** includes this coverage, **you**, a **traveling companion** or **family member** can have an **existing medical condition** and **you** will still be eligible for all coverage and assistance services, as long as:

- **you** purchased **your plan** within 14 days of making **your** first **trip** payment or first **trip** deposit;
- **you** purchased trip cancellation coverage that covers the full cost of all **your** non-refundable **trip** arrangements;
- **you** were a U.S. resident and medically able to travel on the day **you** purchased the **plan**;
- the total cost of **your trip** is [\$3,000] per person or less; and
- all other stated terms and conditions are met.

SECTION 3: WHAT THIS POLICY EXCLUDES

GENERAL EXCLUSIONS

You aren't covered for any loss that results directly or indirectly from any of the following general exclusions.

The following things if they affect **you**, a **traveling companion** or a **family member**, whether the **family member** is traveling with **you** or not:

- **existing medical conditions** (unless **you** have existing medical condition coverage in Section 2);
- intentional self-harm or attempting or committing suicide (only applies to **you**);
- pregnancy, (unless specifically included in Section 2), unless there are unforeseen complications or problems with the pregnancy;
- fertility treatments, childbirth or elective abortion;
- a mental or nervous health disorder (like anxiety, depression, neurosis, psychosis and others), or any related physical complications (physical complication means any physical symptom); or
- the use or abuse of alcohol or drugs, or any related physical complications (physical complication means any physical symptom).

The following activities if **you**, a **traveling companion** or a **family member** participates in them, whether the **family member** is traveling with **you** or not:

- flying or learning to fly an aircraft as a pilot or crew member;
- participating in or training for any professional or amateur sporting competition; or
- participating in extreme, high-risk sports like:
 - skydiving, hang gliding or parachuting;
 - bungee jumping;
 - caving;
 - extreme skiing, heli-skiing or skiing outside marked trails;
 - body contact sports (meaning any sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate);
 - mountain climbing or any other high altitude activities; or
 - scuba diving below 120 feet (40 meters) or without a dive master.

The following events:

- any problem or event that could have reasonably been foreseen or expected when **you** purchased **your plan**;
- an **epidemic** or **pandemic**;
- **natural disasters** like hurricanes, earthquakes, fires and floods (unless specifically included in Section 2);
- air, water or other pollution, or the threat of a pollutant release;
- nuclear reaction, radiation or radioactive contamination;
- war (declared or undeclared), acts of war, military duty, civil disorder or unrest (unless specifically included in Section 2);

- **terrorist events** (unless specifically included in Section 2);
- **financial default** (unless specifically included in Section 2); or
- **unlawful acts**.

You aren't eligible for reimbursement under any coverage if:

- **your common carrier** tickets don't show departure and return dates; or
- the stated **trip** departure and return dates don't represent when **you** actually intended to travel.

SPECIFIC EXCLUSIONS

You aren't covered for any loss that results directly or indirectly from any of the following specific exclusions unless they're included in Section 2, *What this policy includes*.

Property damage protection coverage

- intentional damage to **covered rental property**;
- gross negligence;
- loss or theft of any **covered rental property**;
- normal wear and tear;
- loss or damage due to inclement weather or **natural disaster**;
- loss or damage that occurs while **you** or a **traveling companion** is in violation of the rental/lease agreement;
- any loss or damage not reported in writing to the property owner, realtor or property manager of the **covered rental property** before **you** vacate the **covered rental property**;
- loss, theft or damage of **your** or a **traveling companion's** personal property; and
- loss, theft or damage of **covered rental property** caused by anyone other than **you**, a **traveling companion**, or a person staying at the **covered rental property**.

SECTION 4: WHO IS COVERED AND WHEN

WHO IS COVERED BY YOUR PLAN

Your **plan** covers the people listed on **your** *letter of confirmation*.

WHEN YOUR COVERAGE BEGINS AND ENDS

You're only eligible for coverage if **we** accept **your** request for insurance.

Your **plan's** effective date depends on how **you** purchased it.

if you purchased	it's effective:
over the phone	the day after you place your telephone order.
online	the day after we receive your online order.

Trip cancellation coverage begins on **your plan's** effective date, as long as **we** receive **your** premium before **you** cancel **your trip** or make a claim.

All other coverage begins on **your scheduled departure date**, as long as **we've** received **your** payment. **Your** departure and return dates are counted as two separate days of travel when **we** calculate the duration of **your trip**.

Your coverage ends on the earliest of:

- the day **you're** scheduled to return;
- the day **you** actually return, if **you** come back earlier;
- the day and time **you** cancel **your trip**;
- the day and time **you** cancel **your covered rental property** reservation; or
- the [180th] day of the **trip**.

If **your** return travel is delayed for a **covered reason**, **we'll** extend **your** coverage until **you** can get home.

Your **plan** can't be renewed.

SECTION 5: CLAIMS INFORMATION

HOW TO MAKE A CLAIM

Making a claim is easy – just visit [Allianz travel claims URL], email or call us and we'll be happy to help.

Go online to:

- find out what forms and documentation **you** need.
- download a claims form and mail it in.
- file a claim electronically and track its progress.

Email or call to:

- find out what forms and documentation **you** need.
- file a claim and check its progress.

Claims inquiry:

- **Website:** [Allianz travel insurance claims URL]
- **Email:** [email address]
- **Telephone:** [1-800-334-7525]

IMPORTANT INFORMATION ABOUT CLAIMS

You have 90 days from the date of **your** loss to submit **your** claim to **us**, except as otherwise provided by law.

Proof of Loss

You are responsible for providing all necessary documentation to prove **your** loss.

Assignment

You can assign **your** rights under **your plan** by notifying **us** in writing.

About beneficiaries

All benefits will be paid to **your** estate.

Duplicate coverage

If **you're** covered by another certificate or policy that **we've** issued with the same or similar coverage, **we'll** use the terms and conditions of the certificate or policy that pays the most. **We'll** also refund any premium **you've** paid for duplicate coverage.

Medical examinations and autopsy

We have the right to have **you** medically examined as reasonably necessary to make a decision about **your** medical claim. If someone covered by **your plan** dies, **we** may also require an autopsy (except where prohibited by law). **We** will cover the cost of these medical examinations or autopsies.

Recovery

We have the right to recover any amount **you** receive that exceeds the total amount of **your** loss.

Subrogation

When someone is responsible for **your** loss, **we** have the right to recover any payments **we've** made to **you** or someone else in relation to **your** claim, as permitted by law. Everyone eligible to receive payment for a claim submitted to **us** must cooperate with this process, and must refrain from doing anything that would adversely affect **our** rights or the rights of **Jefferson** to recover payment.

About fraud

Fraud is illegal. **We** will deny **your** claim if:

- what **you** told **us** is deliberately misleading or inaccurate; or
- **you** intentionally file a claim that includes false information or deliberately conceals material facts. This may be a crime subject to criminal prosecution and civil penalties, and **you** may be liable for the stated value of the claim.

Resolving disputes

If **you** disagree with **our** decision about a claim, **you** can request to go to arbitration through the American Arbitration Association. If **we** agree, **you** can submit a dispute to desk arbitration, as long as:

- **you** submit it at least 60 days, but no more than three years, after **you've** filed **your** entire claim with **us**; and
- it complies with the American Arbitration Association's rules at the time **you** submit it.



Important

This is a named perils travel insurance policy, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

We'll only pay for reasonable, appropriate expenses that are covered by the **plan** **you** purchased. Please check **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

SECTION 6: DEFINITIONS

Accident	An unexpected and unintended event that causes injury , property damage or both.
Accommodation	A hotel or other kind of lodging where you make a reservation and pay a fee.
Assault	Physical assault that requires treatment in a hospital .
Common carrier	A company that's licensed to carry passengers on land, water or in the air for a fee, not including car rental companies.
Covered reasons	The specific situations and events that are covered by this policy.
Covered rental property	<p>The real and personal property for which you have paid a fee to the property owner, realtor or property manager for temporary accommodations and use. Personal property includes the contents that belong to, or are rented by, the property owner, realtor or property manager for your use during your stay.</p> <p>The covered rental property must be owned by someone other than you, a family member, traveling companion or traveling companion's family member.</p>
Deductible	The dollar amount you must contribute to the loss.
Destination	A place more than [100] miles from your primary residence where you spend more than 24 hours of your trip .
Doctor	Someone who is legally entitled to practice medicine, and is licensed if required. This can't be you , a traveling companion , any member of either of your immediate families , or any member of the sick or injured person's immediate family .
Domestic partner	A person you've lived with in a spousal relationship for at least 12 consecutive months who is 18 years or older. You must be able to show evidence that you've lived together for 12 consecutive months.
Epidemic	An outbreak of a contagious disease that spreads rapidly and widely and that is identified as an epidemic by The Centers for Disease Control and Prevention (CDC).
Existing medical condition	<p>An illness or injury that you, a traveling companion or family member were seeking or receiving treatment for or had symptoms of on the day you purchased your plan, or at any time in the 120 days before you purchased it.</p> <p>You, a traveling companion or family member are considered to have an existing medical condition if you, a traveling companion or family member:</p>

- saw or were advised to see a **doctor**;
- had symptoms that would cause a prudent person to see a **doctor**; or
- were taking prescribed medication for the condition or the symptoms, unless the condition or symptoms are effectively controlled by the prescription, and the prescription hasn't changed.

Family member

Any of the following people, whether or not they're traveling with **you**:

- spouses and common-law, civil union and **domestic partners**;
- parents and step-parents;
- children and step-children (including adopted or soon to be adopted children);
- siblings;
- grandparents and grandchildren;
- the following in-laws: mother, father, son, daughter, brother, sister;
- aunts, uncles, nieces and nephews;
- legal guardians and wards;
- business partners;
- paid, live-in caregivers; and
- service animals (as defined by the Americans with Disabilities Act).

Immediate family members are:

- spouses and common-law, civil union and **domestic partners**;
- parents and step-parents;
- children and step-children (including adopted or soon to be adopted children);
- siblings; and
- grandparents and grandchildren.

Financial default

A complete cessation of operations because of financial circumstances, with or without filing for bankruptcy protection.

Hospital

A facility whose primary function is to diagnose and treat sick and injured people under the supervision of **doctors**. It must:

- have organized departments of medicine and major surgery, on site or off site through a pre-arranged contract provide 24 hour nursing service supervised or provided by registered nurses;
- be compensated by patients or their insurance providers for performing these services; and
- be licensed where required.

Illness

Sickness, infirmity or disease. It doesn't include conditions **you** already had or knew about when **you** purchased **your plan** (see **existing medical condition**).

Injury

Physical harm directly caused by an **accident** or **assault**, without other contributing causes.

Medical condition	<p>A physical condition you have, or have symptoms of, that you:</p> <ul style="list-style-type: none"> • have seen or been advised to see a doctor about; • have symptoms of that would cause a prudent person to see a doctor; or • are taking prescribed medication for.
Natural disaster	A large-scale extreme weather or environmental event that damages property, disrupts transportation or endangers people. Examples include: earthquake, fire, flood, hurricane, or volcanic eruption.
Pandemic	An epidemic over a wide geographic area that affects a large portion of the population.
Primary residence	Your permanent, fixed address and primary residence for legal and tax purposes. We call the place your primary residence is located your place of residence.
Quarantine	Mandatory isolation or restrictions on where you can go, intended to stop a contagious disease from spreading.
Refund	Cash or a credit or voucher for future travel that you get from a travel agent, tour operator, airline, cruise line or other travel supplier , or any credit, recovery or reimbursement you get from your employer, another insurance company, a credit card issuer or any other entity.
Scheduled departure date	The day and time you listed on your letter of confirmation or other form as the day and time you plan to start your trip . You have paid for travel that starts on this date.
Severe weather	Hazardous weather conditions, like fog, a hailstorm or severe rainstorm, a blizzard, or an ice storm.
Terrorist event	When an organized terrorist group, as defined by the U.S. State Department, injures or kills people or damages property to achieve a political, ethnic or religious goal or result. Terrorist events don't include general civil protest, unrest, rioting or acts of war.
Travel supplier	A travel agent, tour operator, airline, cruise line or other travel service provider.
Traveling companion	A person traveling with you whose name appears with yours on the same trip arrangement and who will accompany you on your trip . A group or tour leader is not considered a traveling companion unless you are sharing the same room with the group or tour leader.
Trip	Round-trip or one-way travel to and from a place at least [100] miles from your home. It can't include travel to receive health care or medical treatment of any kind, or commuting to and from work.
Unlawful acts	Felonies committed by you , a traveling companion or a family member , even if the family member isn't covered by your plan .

Uninhabitable

A **natural disaster**, fire, flood, burglary or vandalism causes enough damage to make a reasonable person find their home or other **accommodation** unfit for use.

Your Travel Insurance Policy

Thank you for buying a travel insurance **plan** from **us**!

Your plan is described in the following documents:

- This policy, which explains how **our** travel insurance works.
- The *letter of confirmation* that came with **your** package, which tells **you** what coverage **your plan** includes and the limits.
- Any other information **you** receive with **your** package, including riders or other forms.

Please make sure **you** read these documents carefully. This policy may describe coverage **your plan** doesn't include. Make sure **you** review carefully **your letter of confirmation**. Contact **us** immediately if **you** don't receive **your letter of confirmation** or if **you** think there is a mistake.

All dollar amounts in these documents are in US dollars.



We can help!

Our assistance team can help **you** with problems 24 hours a day, almost anywhere in the world.

In the United States, Canada, Puerto Rico
and the U.S. Virgin Islands
All other locations, call collect

[1-800-654-1908]
[1-804-281-5700]

WHAT'S INSIDE

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SECTION 1: OUR AGREEMENT WITH YOU

Your travel insurance plan (**your plan**) includes both insurance coverage and assistance services.

Throughout this document:

- **we, us** and **our** mean Jefferson Insurance Company and its agents;
- **Jefferson** means Jefferson Insurance Company;
- **you** and **your** mean the people listed on **your** *letter of confirmation*; and
- all other bolded terms are defined in Section 6, Definitions.

No one has the right to describe this travel insurance any differently than it has been described in this document, or to change or waive any of its provisions.

About this agreement

Please read **your policy** carefully for full details. This is a legal contract. The entire contract consists of the policy, any riders attached to it; and the *letter of confirmation*. **You** have a duty to make all reasonable efforts to minimize any loss.


We have issued the policy and any attached riders based on **your** payment of the premium. The statements **you** made are representations and not warranties. **We** may use this information to void insurance, reduce benefits or defend **our** decision about a claim.

The headings in this policy are for convenience only.

Satisfaction Guarantee

We will refund **your** insurance premium if **you** cancel **your plan** within 10 days of purchase and **you** haven't started **your trip** or filed a claim.

Signed for Jefferson Insurance Company, [9950 Mayland Drive, Richmond, VA 23233]


Mike Nelson, President


Fred Faett, Secretary

SECTION 2: WHAT THIS POLICY INCLUDES

This is a named perils travel insurance policy, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

The **plan you** purchased may not include all the coverage described here. Make sure **you** check **your letter of confirmation** to confirm **your** coverage and limits.

Your plan also includes assistance services, which are described in *Help while traveling*.

Coverage*	When it applies	Page
	Your trip is canceled	6
Trip cancellation	Your trip is canceled before you get started	
	You get sick or hurt while traveling	9
Emergency medical/dental	You have to pay for emergency medical or dental care	
	Your covered rental property is damaged	10
Property damage protection	Your covered rental property is damaged	
	Your travel is delayed	10
Travel delay	Your travel is delayed [12] hours or more	
	Your baggage is delayed	11
Delayed baggage	Your baggage is delayed by a common carrier	
	Other coverage	12
Existing medical condition	You have an existing medical condition	
Sporting equipment	Your sporting equipment is damaged	
Sporting equipment rental	You need to rent sporting equipment because yours is damaged	

* Underwritten by Jefferson Insurance Company

How to read Section 2

When it applies	Tells you when you're eligible to make a claim. These situations and events are called covered reasons .
What it covers	Tells you the kinds of things you can be reimbursed for. You'll find out more in Section 5, <i>Claims information</i> .
We can help!	Tells you about related assistance services that are available to you worldwide. You'll find a complete list in <i>Help while traveling</i> .



Important

Be sure to also read Section 3, *What this policy excludes*, as well as Section 4, *Who is covered and when*, for important information on how **your** coverage works. Travel insurance doesn't cover everything. It's designed to protect **you** when there's a sudden, unexpected problem or event.

YOUR TRIP IS CANCELED



Important

You need to contact **your travel suppliers** within 72 hours of canceling **your trip** to qualify for the largest reimbursement possible. If **you** notify **your** suppliers later and get a smaller **refund**, **we** will not cover the difference. If **you're** seriously ill or injured, contact **your travel suppliers** as soon as **you** can.



We can help!

Need help sending an emergency message or getting flight information? See *Help while traveling*, for a complete list of ways **we** can help.

Trip cancellation coverage

When it applies	Your trip is canceled before you get started for one of the following covered reasons:
------------------------	--

Health

Injury, illness or medical condition

You or a **traveling companion** is seriously ill or injured.

Specific requirements:

- The **injury, illness or medical condition** must be disabling enough to make a reasonable person cancel their **trip**.
- A **doctor** must examine **you** or a **traveling companion** and advise **you** or a **traveling companion** to cancel **your trip** before **you** cancel it. If that isn't possible, a **doctor** must examine **you** within 72 hours of **your** cancellation.

A **family member** who isn't traveling with **you** is seriously ill or injured.

Specific requirement:

- The **injury, illness or medical condition** must be considered life threatening, require hospitalization, or he or she must require **your** care.

Death

You, a **traveling companion** or **family member** dies.

Specific requirement:

- A **traveling companion's** or **family member's** death must occur before or during **your trip**.

Quarantine

You or a **traveling companion** is **quarantined**.

Transportation and accommodation

Traffic accident

You or a **traveling companion** is in a **traffic accident** on the way to **your** point of departure, and:

- **you** or the **traveling companion** need medical attention; or
- the car needs to be repaired because it's not safe to drive.

Legal

Jury duty or court-ordered appearance

You're summoned by a court order or subpoena to serve on a jury or appear in court.

Environment

Home uninhabitable

Your primary residence is **uninhabitable** because of a **natural disaster**, fire, flood, burglary or vandalism.

Destination uninhabitable

Your destination is **uninhabitable** because of a **natural disaster**, fire, flood, burglary or vandalism.

Canceled services

Your airline, cruise line, tour operator, or **travel supplier** stops offering all services for at least [24] consecutive hours where **you're** departing, arriving or making a connection because of:

- a **natural disaster**;
- **severe weather**; or
- a **strike**.

Specific requirement:

- **Your travel supplier** doesn't offer **you** a substitute itinerary.
- The striking workers aren't employed by the supplier **you** purchased **your plan** or travel services from, or an affiliate of that supplier.

Politics and violence

Hijacking

You or a **traveling companion** is hijacked.

Terrorism

A **terrorist event** happens at **your** U.S. or foreign **destination** within [30] days of the day **you're** scheduled to arrive.

Specific requirement:

- For locations outside the United States, **you're** not covered if there's been a **terrorist event** at **your destination** in the [30 days] before **your plan's** effective date.

Work

Termination or layoff

You or a **traveling companion** is terminated or laid off from a company after **your plan's** effective date.

Specific requirements: (all must apply)

- The termination or layoff isn't **your** fault; and
- **You** worked for this employer for at least [three continuous years].

Military Duty in the U.S. Armed Forces

You or a **traveling companion**, serving in the U.S. Armed Forces, is reassigned, or have personal leave revoked, except because of war, the War Powers Act, base or unit mobilization, unit reassignment or disciplinary action.

Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

Non-refundable payments and deposits

Payments and deposits **you** made before **your trip** was canceled, less any published **refunds** **you're** entitled to receive.

What it covers

Accommodation

The extra cost of single **accommodation** if **you** prepaid for shared **accommodation** and a **traveling companion** canceled their **trip** for a covered reason.

YOU GET SICK OR HURT WHILE TRAVELING



We can help!

Need help finding a **doctor** or getting emergency cash from home to pay for treatment? See *Help while traveling*, for a complete list of ways **we** can help.

Emergency medical/dental coverage

When it applies

You have to pay for emergency medical or dental care for one of the following **covered reasons**:

- **you** have a sudden, unexpected **illness** or **injury** during **your trip** that's either life threatening or could cause serious and irreparable harm if it isn't treated.
- **you** have an **injury** or infection, a lost filling or a broken tooth during **your trip** that requires immediate treatment by a **dentist**.

Specific requirement:

- The treatment is **medically necessary** and is provided by a **doctor**, **dentist**, **hospital** or **other licensed provider** during **your trip**.

What it covers

Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan**, including any **deductible** for **outpatient** care that may apply to **your plan**.

Reasonable and customary costs

Reasonable and customary costs, less any applicable **deductible**, for supplies and services from a **doctor**, **dentist**, **hospital** or **other licensed provider**.



Important

This is secondary coverage. If **you** have health insurance, **you** must submit **your** claim to that provider first. Any benefits **you** receive from **your** primary insurance provider or from any excess coverage will be deducted from **your** claim.

YOUR COVERED RENTAL PROPERTY IS DAMAGED

Property damage protection coverage

When it applies

Your covered rental property is damaged during **your stay**.

Specific requirements (all must apply)

- **You** take reasonable measures to protect the **covered rental property** and prevent further damage; and
- **You** report the loss or damage in writing to the realtor or property manager prior to checking out and vacating the **covered rental property**.

What it covers

Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan** including any **deductible** that may apply to **your plan**.

Repair or replacement (whichever is less)

The cost to repair or replace the damaged items, less any applicable **deductible**, including any necessary materials and labor. **You** can't claim loss of use.

YOU'RE DELAYED



Important

You need to make reasonable efforts to continue **your trip** if **you're** delayed or **you** miss **your flight**. The coverage described here can help. Any **refunds** **you** receive from **your travel suppliers** will be deducted from **your** claim.



We can help!

Need help rebooking **your flight** or arranging for alternative transportation? See *Help while traveling*, for a complete list of ways **we** can help.

Travel delay coverage

When it applies

Your travel is delayed for [12] or more consecutive hours for one of the following **covered reasons**:

Strike or common carrier delay

- **Your** departure is delayed by a **common carrier**.
- **Your** departure is delayed by an unannounced strike.

Quarantine

- You are **quarantined**.

Natural disaster or severe weather

- There's a **natural disaster**.
- **Severe weather** delays **your** departing flight or causes road closures.

Politics, violence or theft

- **Your** passports, money or other travel documents are lost or stolen.
- **Your** travel is delayed by a hijacking.
- **Your** travel is delayed by civil disorder or unrest.

What it covers

Please refer to **your** *letter of confirmation* to confirm **your** coverage and limits in **your plan**.

Prepaid expenses

The unused part of **your** prepaid expenses, less any **refunds** you receive.

and

Meals, accommodation and transportation

- Reasonable expenses for additional meals and **accommodation** while **you're** delayed.
- Reasonable additional transportation expenses.

Special limit:

- Maximum of [\$200] per person per day, up to the limit shown on **your** *letter of confirmation*.

Benefits are payable under travel delay coverage or missed connection coverage, not both.

YOUR BAGGAGE IS DELAYED



Important

Any **refunds** you receive will be deducted from **your** claim.



We can help!

Need help contacting local authorities or getting emergency cash from home? See *Help while traveling*, for a complete list of ways **we** can help.

Delayed baggage coverage

When it applies

A **common carrier**, hotel or tour operator delays **your baggage** for [24] hours or more.

Specific requirement:

- **You** report the loss and file a claim with the **common carrier**, hotel or tour operator.

What it covers

Please refer to **your** *letter of confirmation* to confirm **your** coverage and limits in **your plan**.

Reasonable essential items

- Reasonable essential items for **you** to use until **your baggage** arrives.

OTHER COVERAGE



Important

Please check **your** *letter of confirmation* to confirm **your** coverage and limits.

Existing medical condition coverage

If **your plan** includes this coverage, **you**, a **traveling companion** or **family member** can have an **existing medical condition** and **you** will still be eligible for all coverage and assistance services, as long as:

- **you** purchased **your plan** within 14 days of making **your** first **trip** payment or first **trip** deposit;
- **you** purchased trip cancellation coverage that covers the full cost of all **your** non-refundable **trip** arrangements;
- **you** were a U.S. resident and medically able to travel on the day **you** purchased the **plan**;
- the total cost of **your trip** is [\$3,000] per person or less; and
- all other stated terms and conditions are met.

Sporting equipment coverage

When it applies

Your sporting equipment is:

- lost by a **common carrier**; or
- damaged or stolen while **you're** traveling.

Specific requirements: (all must apply)

- **You** take reasonable steps to keep **your** equipment safe and intact, and to recover it.
- **You** file a report giving a description of the property and its value with the appropriate local authorities or **common carrier** within 24 hours of the loss.

What it covers

Please refer to **your** *letter of confirmation* to confirm **your** coverage and limits in **your plan**.

Repair or reimbursement (whichever is less)

- the cost to repair a damaged item, or
- a portion of the original cost, based on the age of the item:

12 months old or less	90%
13-24 months old	50%
25-48 months old	25%
More than 48 months old	no benefit

Sporting equipment rental coverage

When it applies

You have to rent sporting equipment because **yours** is:

- lost or delayed by a **common carrier** for 12 hours or more on **your** outbound trip;
- damaged by a **common carrier** on **your** outbound trip; or
- stolen during **your** trip.

Specific requirement:

- **You** file a report giving a description of the property and its value with the local authorities or **common carrier** within 24 hours of the loss.

What it covers

Please refer to **your** *letter of confirmation* to confirm **your** coverage and limits in **your plan**.

Rental costs

- Reasonable costs for renting replacement equipment to use during **your** trip.

Special limit:

- Maximum of [\$150] per person per day, up to the limit shown on **your** *letter of confirmation*.

SECTION 3: WHAT THIS POLICY EXCLUDES

GENERAL EXCLUSIONS

You aren't covered for any loss that results directly or indirectly from any of the following general exclusions.

The following things if they affect **you**, a **traveling companion** or a **family member**, whether the **family member** is traveling with **you** or not:

- **existing medical conditions** (unless **you** have existing medical condition coverage in Section 2);
- intentional self-harm or attempting or committing suicide (only applies to **you**);
- pregnancy, (unless specifically included in Section 2), unless there are unforeseen complications or problems with the pregnancy;
- fertility treatments, childbirth or elective abortion;
- a mental or nervous health disorder (like anxiety, depression, neurosis, psychosis and others), or any related physical complications (physical complication means any physical symptom); or
- the use or abuse of alcohol or drugs, or any related physical complications (physical complication means any physical symptom).

The following activities if **you**, a **traveling companion** or a **family member** participates in them, whether the **family member** is traveling with **you** or not:

- flying or learning to fly an aircraft as a pilot or crew member;
- participating in or training for any professional or amateur sporting competition; or
- participating in extreme, high-risk sports like:
 - skydiving, hang gliding or parachuting;
 - bungee jumping;
 - caving;
 - extreme skiing, heli-skiing or skiing outside marked trails;
 - body contact sports (meaning any sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate);
 - mountain climbing or any other high altitude activities; or
 - scuba diving below 120 feet (40 meters) or without a dive master.

The following events:

- any problem or event that could have reasonably been foreseen or expected when **you** purchased **your plan**;
- an **epidemic** or **pandemic**;
- **natural disasters** like hurricanes, earthquakes, fires and floods (unless specifically included in Section 2);
- air, water or other pollution, or the threat of a pollutant release;
- nuclear reaction, radiation or radioactive contamination;
- war (declared or undeclared), acts of war, military duty, civil disorder or unrest (unless specifically included in Section 2);

- **terrorist events** (unless specifically included in Section 2);
- **financial default** (unless specifically included in Section 2); or
- **unlawful acts**.

You aren't eligible for reimbursement under any coverage if:

- **your common carrier** tickets don't show departure and return dates; or
- the stated **trip** departure and return dates don't represent when **you** actually intended to travel.

SPECIFIC EXCLUSIONS

You aren't covered for any loss that results directly or indirectly from any of the following specific exclusions unless they're included in Section 2, *What this policy includes*.

Property damage protection coverage

- intentional damage to **covered rental property**;
- gross negligence;
- loss or theft of any **covered rental property**;
- normal wear and tear;
- loss or damage due to inclement weather or **natural disaster**;
- loss or damage that occurs while **you** or a **traveling companion** is in violation of the rental/lease agreement;
- any loss or damage not reported in writing to the property owner, realtor or property manager of the **covered rental property** before **you** vacate the **covered rental property**;
- loss, theft or damage of **your** or a **traveling companion's** personal property; and
- loss, theft or damage of **covered rental property** caused by anyone other than **you**, a **traveling companion**, or a person staying at the **covered rental property**.

Sporting equipment coverage

- intentional damage to equipment;
- defective materials or workmanship; or
- normal wear and tear.

Also doesn't cover equipment when it is:

- shipped as freight;
- sent before **your** departure date; or
- left in or on a car or car trailer.

SECTION 4: WHO IS COVERED AND WHEN

WHO IS COVERED BY YOUR PLAN

Your plan covers the people listed on **your** *letter of confirmation*.

WHEN YOUR COVERAGE BEGINS AND ENDS

You're only eligible for coverage if **we** accept **your** request for insurance.

Your plan's effective date depends on how **you** purchased it.

if you purchased	it's effective:
over the phone	the day after you place your telephone order.
online	the day after we receive your online order.

Trip cancellation coverage begins on **your plan's** effective date, as long as **we** receive **your** premium before **you** cancel **your trip** or make a claim.

All other coverage begins on **your scheduled departure date**, as long as **we've** received **your** payment. **Your** departure and return dates are counted as two separate days of travel when **we** calculate the duration of **your trip**.

Your coverage ends on the earliest of:

- the day **you're** scheduled to return;
- the day **you** actually return, if **you** come back earlier;
- the day and time **you** cancel **your trip**;
- the day and time **you** cancel **your covered rental property** reservation; or
- the [180th] day of the **trip**.

If **your** return travel is delayed for a **covered reason**, **we'll** extend **your** coverage until **you** can get home.

Your plan can't be renewed.

SECTION 5: CLAIMS INFORMATION

HOW TO MAKE A CLAIM

Making a claim is easy – just visit [Allianz travel claims URL], email or call us and we'll be happy to help.

Go online to:

- find out what forms and documentation **you** need.
- download a claims form and mail it in.
- file a claim electronically and track its progress.

Email or call to:

- find out what forms and documentation **you** need.
- file a claim and check its progress.

Claims inquiry:

- **Website:** [Allianz travel insurance claims URL]
- **Email:** [email address]
- **Telephone:** [1-800-334-7525]

IMPORTANT INFORMATION ABOUT CLAIMS

You have 90 days from the date of **your** loss to submit **your** claim to **us**, except as otherwise provided by law.

Proof of Loss

You are responsible for providing all necessary documentation to prove **your** loss.

Assignment

You can assign **your** rights under **your plan** by notifying **us** in writing.

About beneficiaries

All benefits will be paid to **your** estate.

Duplicate coverage

If **you're** covered by another certificate or policy that **we've** issued with the same or similar coverage, **we'll** use the terms and conditions of the certificate or policy that pays the most. **We'll** also refund any premium **you've** paid for duplicate coverage.

Medical examinations and autopsy

We have the right to have **you** medically examined as reasonably necessary to make a decision about **your** medical claim. If someone covered by **your plan** dies, **we** may also require an autopsy (except where prohibited by law). **We** will cover the cost of these medical examinations or autopsies.

Recovery

We have the right to recover any amount **you** receive that exceeds the total amount of **your** loss.

Subrogation

When someone is responsible for **your** loss, **we** have the right to recover any payments **we've** made to **you** or someone else in relation to **your** claim, as permitted by law. Everyone eligible to receive payment for a claim submitted to **us** must cooperate with this process, and must refrain from doing anything that would adversely affect **our** rights or the rights of **Jefferson** to recover payment.

About fraud

Fraud is illegal. **We** will deny **your** claim if:

- what **you** told **us** is deliberately misleading or inaccurate; or
- **you** intentionally file a claim that includes false information or deliberately conceals material facts. This may be a crime subject to criminal prosecution and civil penalties, and **you** may be liable for the stated value of the claim.

Resolving disputes

If **you** disagree with **our** decision about a claim, **you** can request to go to arbitration through the American Arbitration Association. If **we** agree, **you** can submit a dispute to desk arbitration, as long as:

- **you** submit it at least 60 days, but no more than three years, after **you've** filed **your** entire claim with **us**; and
- it complies with the American Arbitration Association's rules at the time **you** submit it.



Important

This is a named perils travel insurance policy, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

We'll only pay for reasonable, appropriate expenses that are covered by the **plan** **you** purchased. Please check **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

SECTION 6: DEFINITIONS

Accident	An unexpected and unintended event that causes injury , property damage or both.
Accommodation	A hotel or other kind of lodging where you make a reservation and pay a fee.
Assault	Physical assault that requires treatment in a hospital .
Baggage	Personal property you take on your trip and the suitcases or other kinds of containers you use to carry them.
Common carrier	A company that's licensed to carry passengers on land, water or in the air for a fee, not including car rental companies.
Covered reasons	The specific situations and events that are covered by this policy.
Covered rental property	<p>The real and personal property for which you have paid a fee to the property owner, realtor or property manager for temporary accommodations and use. Personal property includes the contents that belong to, or are rented by, the property owner, realtor or property manager for your use during your stay.</p> <p>The covered rental property must be owned by someone other than you, a family member, traveling companion or traveling companion's family member.</p>
Deductible	The dollar amount you must contribute to the loss.
Dentist	Someone who is licensed and legally entitled to practice dentistry or dental surgery. This can't be you , a traveling companion , any member of either of your immediate families , or any member of the sick or injured person's immediate family .
Destination	A place more than [100] miles from your primary residence where you spend more than 24 hours of your trip .
Doctor	Someone who is legally entitled to practice medicine, and is licensed if required. This can't be you , a traveling companion , any member of either of your immediate families , or any member of the sick or injured person's immediate family .
Domestic partner	A person you've lived with in a spousal relationship for at least 12 consecutive months who is 18 years or older. You must be able to show evidence that you've lived together for 12 consecutive months.
Emergency medical and/or dental care	<p>Medical and dental services, supplies and charges that are for a health emergency. It doesn't include things like:</p> <ul style="list-style-type: none"> • elective cosmetic surgery or cosmetic foot care; • physical exams; • allergy treatments (unless life threatening);

Epidemic

An outbreak of a contagious disease that spreads rapidly and widely and that is identified as an **epidemic** by The Centers for Disease Control and Prevention (CDC).

Existing medical condition

An **illness** or **injury** that **you**, a **traveling companion** or **family member** were seeking or receiving treatment for or had symptoms of on the day **you** purchased **your plan**, or at any time in the 120 days before **you** purchased it.

You, a **traveling companion** or **family member** are considered to have an **existing medical condition** if **you**, a **traveling companion** or **family member**:

- saw or were advised to see a **doctor**;
- had symptoms that would cause a prudent person to see a **doctor**; or
- were taking prescribed medication for the condition or the symptoms, unless the condition or symptoms are effectively controlled by the prescription, and the prescription hasn't changed.

Family member

Any of the following people, whether or not they're traveling with **you**:

- spouses and common-law, civil union and **domestic partners**;
- parents and step-parents;
- children and step-children (including adopted or soon to be adopted children);
- siblings;
- grandparents and grandchildren;
- the following in-laws: mother, father, son, daughter, brother, sister;
- aunts, uncles, nieces and nephews;
- legal guardians and wards;
- business partners;
- paid, live-in caregivers; and
- service animals (as defined by the Americans with Disabilities Act).

Immediate family members are:

- spouses and common-law, civil union and **domestic partners**;
- parents and step-parents;
- children and step-children (including adopted or soon to be adopted children);
- siblings; and
- grandparents and grandchildren.

Financial default

A complete cessation of operations because of financial circumstances, with or without filing for bankruptcy protection.

Hospital	A facility whose primary function is to diagnose and treat sick and injured people under the supervision of doctors . It must: <ul style="list-style-type: none"> • have organized departments of medicine and major surgery, on site or off site through a pre-arranged contract provide 24 hour nursing service supervised or provided by registered nurses; • be compensated by patients or their insurance providers for performing these services; and • be licensed where required.
Illness	Sickness, infirmity or disease. It doesn't include conditions you already had or knew about when you purchased your plan (see existing medical condition).
Injury	Physical harm directly caused by an accident or assault , without other contributing causes.
Medical condition	A physical condition you have, or have symptoms of, that you : <ul style="list-style-type: none"> • have seen or been advised to see a doctor about; • have symptoms of that would cause a prudent person to see a doctor; or • are taking prescribed medication for.
Medically necessary	Treatment that's appropriate for your illness or injury , consistent with your symptoms, and that can safely be provided to you . It meets the standards of good medical practice and isn't for your convenience or the provider's convenience.
Natural disaster	A large-scale extreme weather or environmental event that damages property, disrupts transportation or endangers people. Examples include: earthquake, fire, flood, hurricane, or volcanic eruption.
Other licensed provider	A person or entity that isn't a doctor or hospital , but provides medical or dental services, and is licensed where required.
Outpatient	Someone who receives medical or dental treatment, but doesn't have to stay at a hospital for overnight care.
Pandemic	An epidemic over a wide geographic area that affects a large portion of the population.
Primary residence	Your permanent, fixed address and primary residence for legal and tax purposes. We call the place your primary residence is located your place of residence.
Quarantine	Mandatory isolation or restrictions on where you can go, intended to stop a contagious disease from spreading.
Reasonable and customary costs	What customers would usually be charged for a specific service in a particular geographic area. The charges are appropriate to the availability of the service, and of skilled and licensed service providers.

Refund	Cash or a credit or voucher for future travel that you get from a travel agent, tour operator, airline, cruise line or other travel supplier , or any credit, recovery or reimbursement you get from your employer, another insurance company, a credit card issuer or any other entity.
Scheduled departure date	The day and time you listed on your letter of confirmation or other form as the day and time you plan to start your trip . You have paid for travel that starts on this date.
Severe weather	Hazardous weather conditions, like fog, a hailstorm or severe rainstorm, a blizzard, or an ice storm.
Terrorist event	When an organized terrorist group, as defined by the U.S. State Department, injures or kills people or damages property to achieve a political, ethnic or religious goal or result. Terrorist events don't include general civil protest, unrest, rioting or acts of war.
Travel supplier	A travel agent, tour operator, airline, cruise line or other travel service provider.
Traveling companion	A person traveling with you whose name appears with yours on the same trip arrangement and who will accompany you on your trip . A group or tour leader is not considered a traveling companion unless you are sharing the same room with the group or tour leader.
Trip	Round-trip or one-way travel to and from a place at least [100] miles from your home. It can't include travel to receive health care or medical treatment of any kind, or commuting to and from work.
Unlawful acts	Felonies committed by you , a traveling companion or a family member , even if the family member isn't covered by your plan .
Uninhabitable	A natural disaster , fire, flood, burglary or vandalism causes enough damage to make a reasonable person find their home or other accommodation unfit for use.

Letter of Confirmation

<<Date>>

<<Insured Name>>
<<Address>>
<<Address>>

Dear <<Insured Name>>,

[Esta *Carta de Confirmação e o anexo [Apólice de Seguro]* estão em inglês e são os documentos que regem este contrato. Em caso de dúvidas, ligue para <<phone number>> ou envie um email para <<email address>>.] [*Portuguese*] [Translation: This Letter of Confirmation and the enclosed *[Certificate of Insurance] [Policy]* is in English and is the governing document. If you have questions please call 1-800-284-8300 or e-mail us at customerservice@allianzassistance.com.]

[Esta *Carta de Confirmación y el [Certificado de Seguro] [Póliza]* adjunto se presentan en inglés y son los documentos que rigen el contrato. Si tiene alguna pregunta, por favor comuníquese al <<phone number>> o mande un correo electrónico a <<email address>>.] [*Spanish*] [Translation: This Letter of Confirmation and the enclosed *[Certificate of Insurance] [Policy]* is in English and is the governing document. If you have questions please call 1-800-284-8300 or e-mail us at customerservice@allianzassistance.com.]

[Thank you for choosing Allianz Global Assistance to protect your travel investment.

Please make sure you read this *Letter of Confirmation*, your enclosed *[Certificate of Insurance] [Policy]*, and any other attached documents, including riders or other forms carefully. Because the *[Certificate of Insurance] [Policy]* may describe coverage not included in your plan, be sure to look at all of the documents to understand your specific coverage. Contact us immediately if you think there is a mistake in your *Letter of Confirmation*.]

[This Letter of Confirmation and the enclosed *[Certificate of Insurance] [Policy]* contains important information on the insurance plan you purchased.]

[We recommend that if you are traveling for your event, you take copies of these documents with you. If you did not receive a *[Certificate of Insurance] [Policy]*, or would like another copy, please call 1-800-284-8300.]

Information About Your Plan

Name of your plan: <<Product Name >>
Policy identification number: <<Policy ID Number >>

Number of people insured: <<Number of Insureds>>
Who it insures: <<Insured(s)>>

Date of purchase: <<Purchase Date>>
Plan effective date: <<Plan Effective Date>>
Travel dates: <<Travel Date>>

Total cost for all travelers: \$<<Premium>>
Amount paid: \$<<Amount Paid>>

Please detach the card to the right, fold, and carry with you.

Global Assistance

Allianz 

Name: <<Insured Name>>
Policy No.: <<Policy ID #>>

[Emergency Assistance Card]

For emergency assistance during your trip call:
<<1-800-654-1908>> <<1-804-281-5700>>
(From U.S.) (Outside the U.S.) / (Collect)

For benefit information call:
<<1-800-284-8300>>
(From U.S.)

To modify your policy or file a claim, please visit:
<<www.allianztravelinsurance.com>>

<<9950 Mayland Drive, Richmond, VA 23233>>

Your plan includes the following coverage, up to the limits shown. Please see your *[Certificate of Insurance] [Policy]* for information about how our insurance works.

Benefit	Coverage Limits*
[Baggage Delay Coverage]	\$]
[Emergency Medical & Dental Coverage]	\$]
[Lost Activity Fee Coverage]	\$]
[Property Damage Protection Coverage]	\$]
[Sporting Equipment Coverage]	\$]
[Sporting Equipment Rental Coverage]	\$]
[Travel Delay Coverage]	\$]
[Trip Cancellation Protection]	\$]

*USD per person unless noted otherwise

Please Note

- [Trip Cancellation and] Property Damage Protection coverage will apply to each covered rental property reservation.]
- Other than [Trip Cancellation and] Property Damage Protection coverages, your plan covers you and all traveling companions staying in the covered rental property.]
- Trip cancellation benefits and coverage limits are per policy.]
- Property damage protection benefits and coverage limits are per policy.]
- For Property Damage Protection, a [\$100.00] deductible applies per loss.]
- Your plan includes Existing Medical Condition Coverage.]
- Your plan does not include Existing Medical Condition Coverage.]
- For Emergency Medical and Dental benefits there is no deductible.]

[Changes to your travel plans may require changes to your coverage. If your plans change please contact <<Name of Travel Agency>>.]

[Thanks again for purchasing a travel insurance plan from Allianz Global Assistance.] [Have a safe and pleasant trip!]

[Please note that your policy does not cover all situations and excludes coverage for existing medical conditions. We encourage you to carefully review your *[Certificate of Insurance]**[Policy]* to understand your specific coverage.]

Sincerely,

/s/ [Mark Henson]

[Vice President of Travel Operations]

[IMPORTANT NOTICE: this section is reserved for travel advisories that may affect coverage.]



We will refund your insurance premium if you cancel your plan within 10 days of purchase and you haven't started your trip or filed a claim.

[To modify your policy or file a claim, please visit
[www.allianztravelinsurance.com.]]

- [• Emergency Medical and Dental Benefits are primary.]
- [• There is a [\$500] maximum for all covered dental expenses.]
- [• Emergency Medical and Dental Benefits are primary and there is no deductible.]
- [• Emergency Medical and Dental Benefits are secondary and there is no deductible.]
- [• For Emergency Medical and Dental Benefits, a one-time [\$50.00/\$100.00] deductible per person applies to outpatient visits.]
- [• California residents: We are doing business in California as Allianz Global Assistance Insurance Agency, License # 0B01400.] <<FILLING NOTE: THIS PARAGRAPH THE LETTER OF CONFIRMATION IS SHARED BY MULTIPLE STATES.>>
- AGA Service Company is the licensed producer and administrator for this plan.
- Insurance coverage is provided under Form No. [101-C-XX-02] [101-P-XX-02] issued by Jefferson Insurance Company.

JEFFERSON INSURANCE COMPANY

(A Stock Company)

ENDORSEMENT

Lost Activity Fee Coverage

The [Certificate][Policy] to which this endorsement is attached is amended as follows:

1. Section 2, **WHAT THIS [CERTIFICATE][POLICY] INCLUDES**, subsection, **OTHER COVERAGE**, subsection, the following coverage is added:

Lost activity fee coverage

When it applies You are not able to participate in **your** prepaid, scheduled activity during **your trip** for one of the following covered reasons:

Health

Injury, illness or medical condition

You, a **traveling companion**, or a **family member** is seriously ill or injured while on **your trip** prior to the start of **your** prepaid, scheduled activity.

Specific requirements:

- The **injury, illness or medical condition** must be disabling enough to make a reasonable person cancel their prepaid, scheduled activity.
- A **doctor** must examine **you**, the **traveling companion**, or the **family member** and advise **you**, the **traveling companion**, or the **family member** to cancel the prepaid, scheduled activity before cancelling it. If that isn't possible, a **doctor** must examine **you**, the **traveling companion**, or the **family member** within 72 hours of the cancelled activity.

A **family member** who isn't participating in **your** prepaid, scheduled activity is seriously ill or injured.

Specific requirement:

- The **injury, illness or medical condition** must be considered life threatening, require hospitalization, or he or she must require **your** care.

Death

You, a **traveling companion** or **family member** dies while on **your trip** prior to the start of **your** prepaid, scheduled activity.

Specific requirement:

- A **traveling companion's** or **family member's** death must occur before the prepaid, scheduled activity.

Environment

Canceled activities

Your prepaid, scheduled activity is canceled due to **severe weather**.

Specific requirement:

- For any prepaid, scheduled golf activities, the cancellation or course closure must result in **you** being unable to play at least 50% of the holes for **your** golf round.

Closed ski trails

Your ski resort's management forces the closure of the ski trails due to lack of snow.

Specific requirements:

- The closure affects at least 75% of the ski trails for eight or more consecutive hours on the calendar day **you** intend to use the lift tickets.

What it covers

Please refer to **your** *letter of confirmation* to confirm **your** coverage and limits in **your plan**.

Prepaid expenses

- The cost of **your** prepaid, scheduled activity expenses, less any **refunds you** receive.

There are no other changes to the [Certificate][Policy].

State:	District of Columbia	Filing Company:	Jefferson Insurance Company
TOI/Sub-TOI:	09.0 Inland Marine/09.0009 Travel Coverage		
Product Name:	JIC Booking Path Amendment		
Project Name/Number:	JIC Booking Path Amendment /JIC BP AMD PDP 2016		

Supporting Document Schedules

Satisfied - Item:	Readability Certificate
Comments:	Acknowledged. All forms submitted meet the readability flesch score requirement. Please refer to the Form Schedule tab for the scores.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	Not Applicable
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	Not Applicable
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Consulting Authorization
Comments:	
Attachment(s):	JIC TPA Letter-Signed 2016.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Statement of Variables
Comments:	
Attachment(s):	SOV_2013BP_V3_08-16.pdf
Item Status:	
Status Date:	



Administrative Offices
9950 Mayland Drive
Richmond, VA 23233
Phone: 800.497.4602
Fax: 804.281.6727

Date: January 14, 2016

To: State Departments of Insurance

From: Robert Cavaliere, Vice President

AGA Service Company is hereby authorized to submit rate, rule, and form filings on behalf of **Jefferson Insurance Company**. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary.

Please direct all correspondences and inquiries related to this filing to AGA Service Company at the following address:

Product Development Department
AGA Service Company
9950 Mayland Drive
Richmond, VA 23233
Phone: (804) 673-1545
Fax: (804) 673-8300

Please contact me if you have any questions regarding this authorization.

Sincerely,

Signature: _____

A handwritten signature in dark ink, appearing to be "Robert Cavaliere", is written over a horizontal line.

Date: January 14, 2016

Travel Policy of Insurance
Form #101-P-XX-02-101 through #101-P-XX-02-214, et al
Explanation of Variables

General Information

Variable material is contained within brackets.

The Policy of Insurance will be utilized to create various distinctly different products. Only the Definitions, Benefits, Limitations and Exclusions, General Provisions and Claims procedures applicable to a particular product will be included in all versions of the products.

All headings in the policy are for convenience only. Section titles or headings will be removed if there is no content following the title or heading.

Numeric variables within brackets are shown as ranges. These numeric value used will always comply with the minimum statutory requirements of the state in which the policy is delivered and the applicable filed rate manual.

The page number located in the Table of Contents will be modified as needed to accurately reflect the correct location of the section within the policy.

All addresses, phone numbers and websites may vary for each type of product that is developed. The appropriate address, phone number and website needed for each product is systematically filled based on the requirements of the product.

Section 2

Each of the benefit components may be included or excluded from a plan. The specific benefits for each plan will be indicated under each applicable benefit. Each benefit contains the specific situations and events covered under that benefit. It also provides a description of the types of expenses that are reimbursed under that benefit. Where more than two variable options appear in the policy form, the wording will not change but only one of the variables will be included upon issuance of the policy.

Section 3

This section is divided into two sections, General Exclusions and Specific Exclusions. The General Exclusions are included for all policies which are issued.

The Specific Exclusions will only include those exclusions which are applicable to the benefits described in Section 2.

Section 4

This section provides the effective date and termination dates of the policy.

Section 5

This section provides the general provisions and instructions for the submission and payment of claims.

Section 6

This section contains the defined terms that are used throughout the document. All defined terms are bolded throughout the document when used in context to the definitions.

Variables:

SECTION	PROVISION	VARIABLE OPTIONS
2: WHAT THIS POLICY INCLUDES	Index of Coverage – Travel Delay	3, 6, 9 or 12 hours
When it applies	Trip cancellation/trip interruption – Financial default	14 or 21 days
	Trip cancellation/trip interruption – Canceled services	6, 12, 24 hours
	Trip cancellation/trip interruption – Terrorism	30 days or 6 months
What it covers	Trip cancellation/trip interruption – Termination or layoff	Three continuous years or 12 consecutive months
	Trip interruption – transportation	3, 6, 9, or 12 hours
	Trip interruption – daily limit	\$100 or \$500
When it applies	Trip interruption – number of days	5 or 10 days
	Travel accident – time of loss from date of accident	365 days
What it covers	Travel accident – Death benefit	100%
	Travel accident – Dismemberment benefit	50% for loss of one eye, hand or foot; 100% for loss of more than one eye, hand or foot
When it applies	Flight accident – time of loss from date of accident	365 days
What it covers	Flight accident – Death benefit	100%
	Flight accident – Dismemberment benefit	50% for loss of one eye, hand or foot; 100% for loss of more than one eye, hand or foot
When it applies	Travel delay – number of hours delayed	3, 6, 9 or 12 hours
What it covers	Travel delay – daily limit	\$100, \$150, \$200, \$250, \$300, \$350, \$400, \$450, or \$500
When it applies	Lost, damaged or stolen baggage – time limit to file report	24 hours
What it covers	Lost, damaged or stolen baggage – % of current market value	75%
	Lost, damaged or stolen baggage – Maximum limit	\$500, \$750, or \$1,000
When it applies	Collision. Loss or damage – time limit to file report	24 hours
	Existing medical conditions – total trip cost	\$3,000; \$5,000; \$10,000; \$20,000; \$30,000; \$50,000; or \$100,000
3. WHAT THIS POLICY EXCLUDES	Specific exclusions – Collision, loss or damage coverage	30 or 45 days
4. WHO IS COVERED AND WHEN	Coverage end dates	30, 45 90, 120, 180, 365 days
6. DEFINITIONS	Car or rental car	\$50,000, \$75,000, or \$100,000
	Destination	50 or 100 miles
	Trip	50 or 100 miles

Travel Insurance Letter of Confirmation
Form #101-LOC-XX-02 08-16
Explanation of Variables

What Your Plan Includes

Your plan includes the following coverage, up to the limits shown. Please see your certificate/policy for information about how our insurance works. (The ranges shown below are based on the actual dollar limit that the insured has for pre-paid travel expenses. These are used in the calculation of premiums in the rate manual rules).

<i>Benefit</i>	<i>Coverage Limits*</i>
Trip Cancellation	\$1 - \$100,000
Trip Interruption	\$1 - \$150,000
Emergency Medical & Dental	\$250 - \$50,000
Travel Accident	\$10,000 - \$1,000,000
Flight Accident	\$5,000 - \$500,000
Missed Connection Coverage	\$200 - \$2,000
Travel/Trip Delay Coverage	\$100 - \$3,000
Baggage Coverage	\$200 - \$3,000
Baggage Delay Coverage	\$100 - \$2,000
Electronic & Sporting Equipment Coverage	\$500 - \$2,000
Business Equipment Coverage	\$500 - \$2,000
Lost Ticket Coverage	\$100
Trip Inconvenience Coverage	\$100-\$500
Change Fee	\$100 - \$1,000
Collision/Loss Damage Insurance	\$3,000 - \$100,000
Frequent Traveler/Loyalty Program Coverage	\$100 - \$500
Property Damage Protection Coverage	\$1,500, \$3,000, or \$5,000
Lost Activity Fee Coverage	\$1 - \$500

*USD per person unless otherwise noted.

<i>Please Note</i>	<i>Sublimit/Deductible*</i>
Emergency Medical and Dental Benefit Deductible	\$50 or \$100
Property Damage Protection Deductible	\$0 or \$100
Dental sublimit	\$500 or \$750